

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

Date Stamp  
CITY CLERK

CALIFORNIA FORM **460**

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For Official Use Only

<b>Statement covers period</b>	
from	01/01/2020
through	06/30/2020

<b>Date of election if applicable:</b> (Month, Day, Year)	
11/06/2018	

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee	
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled	
<input type="radio"/> Recall	<input type="radio"/> Sponsored	
(Also Complete Part 5)		
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	
<input type="radio"/> Sponsored	(Also Complete Part 6)	
<input type="radio"/> Small Contributor Committee	(Also Complete Part 7)	
<input type="radio"/> Political Party/Central Committee		

**2. Type of Statement:**

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement (Also file a Form 410 Termination)	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
<input type="checkbox"/> Amendment (Explain below)	

**3. Committee Information**

I.D. NUMBER  
1367915

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Fred Minagar for City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

(949) 858-6807 / info@campaign-compliance.com

**Treasurer(s)**

NAME OF TREASURER

Jen Slater

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Irvine CA 92618

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/16/2020

Date

By Jen Slater  
Signature of Treasurer or Assistant Treasurer

Executed on 07/19/2020

Date

By Jen M  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on  

Date

By    
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on  

Date

By    
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA  
FORM  
**460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Fred Minagar

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member Laguna Niguel

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Laguna Niguel CA 92677

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE?
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YES  NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

YES  NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Attach continuation sheets if necessary**

## **Campaign Disclosure Statement Summary Page**

**Amounts may be rounded to whole dollars.**

SUMMARY PAGE

460

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

Fred Minagar for City Council 2018

<b>Contributions Received</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE	<b>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</b>		
1. Monetary Contributions .....	Schedule A, Line 3	\$ 0.00	\$ 0.00	1/1 through 6/30      7/1 to Date		
2. Loans Received .....	Schedule B, Line 3	\$ 0.00	\$ 61,650.00			
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 0.00	\$ 61,650.00			
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$ 0.00	\$ 0.00			
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 0.00	\$ 61,650.00			
<b>Expenditures Made</b>		<b>Expenditure Limit Summary for State Candidates</b>				
6. Payments Made .....	Schedule E, Line 4	\$ 499.83	\$ 499.83	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)		
7. Loans Made .....	Schedule H, Line 3	\$ 0.00	\$ 0.00	Date of Election (mm/dd/yy)      Total to Date		
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 499.83	\$ 499.83	/ / \$		
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ 0.00	\$ 0.00	/ / \$		
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$ 0.00	\$ 0.00	/ / \$		
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 499.83	\$ 499.83	/ / \$		
<b>Current Cash Statement</b>		<b>To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).</b>				
12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 10,326.19				
13. Cash Receipts .....	Column A, Line 3 above	\$ 0.00				
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ 0.00				
15. Cash Payments .....	Column A, Line 8 above	\$ 499.83				
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 9,826.36				
<i>If this is a termination statement, Line 16 must be zero.</i>						
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00				
<b>Cash Equivalents and Outstanding Debts</b>		<b>*Amounts in this section may be different from amounts reported in Column B.</b>				
18. Cash Equivalents .....	See instructions on reverse	\$ 0.00				
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 61,650.00				

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule B – Part 1**  
**Loans Received**
**Amounts may be rounded  
to whole dollars.**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Fred Minagar for City Council 2018

<b>Statement covers period</b>		<b>CALIFORNIA FORM</b>
from	01/01/2020	<b>460</b>
through	06/30/2020	
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I.D. NUMBER		
1367915		

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Minagar & Associates, Inc [REDACTED]	Fred Minagar 100% Ownership	\$ 61,650.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 61,650.00 01/01/0001 DATE DUE	0.00 % \$ 81,650.00 06/30/2014 DATE INCURRED	\$ 81,650.00 \$ 0.00 CALENDAR YEAR PER ELECTION**	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 61,650.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 0.00 DATE DUE	\$ 0.00 \$ 0.00 CALENDAR YEAR PER ELECTION **		
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 0.00 DATE DUE	\$ 0.00 \$ 0.00 CALENDAR YEAR PER ELECTION **		
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 0.00 DATE DUE	\$ 0.00 \$ 0.00 CALENDAR YEAR PER ELECTION **		
<b>SUBTOTALS \$ 0.00 \$ 0.00 \$ 61,650.00 \$ 0.00</b>								

**Schedule B Summary**

1. Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0.00**  
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on  
Schedule E, Line 3)

**Contributor Codes**  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

## Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Fred Minagar for City Council 2018

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/01/2020</u>	CALIFORNIA FORM <b>460</b>
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	I.D. NUMBER <u>1367915</u>

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Campaign Compliance Group, Inc. 9070 Irvine Center Drive, #150 Irvine, CA 92618	PRO			400.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 400.00

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 400.00
2. Unitemized payments made this period of under \$100 ..... \$ 99.83
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 499.83**